ALABAMA STATE BOARD OF REGISTRATION FOR INTERIOR DESIGN
Post Office Box 11026 ♦ Birmingham, AL 35202 ♦ 205-879-4232♦ Fax: 205-879-4232*51
E-Mail ID.admin@idboard.alabama.gov

VIOLATION REPORT
EFFECTIVE 10/1/06

An original copy or other documentation of the violation type, if available, shall be attached to the report. Mail this form and the documentation to the Board. NO ANONYMOUS VIOLATION REPORTS WILL BE ACCEPTED.

VIOLATOR'S NAME: _____

BUSINESS NAME: _____

BUSINESS ADDRESS: Number and Street _____

City _____County_____ State _____ Zip Code _____

TELEPHONE: Residence (___)_____ Business (___)_____ Fax (___)_____

_____

VIOLATION TYPE: Please check the appropriate box.

❑ Fraud, deceit, dishonesty or misrepresentation in the practice of interior design.

❑ Fraud, deceit, dishonesty or misrepresentation in obtaining any certificate of registration.

❑ Gross negligence, misconduct or incompetence in the practice of interior design.

❑ Conviction of a felony, until civil rights are restored.

❑ Habitual drunkenness or addiction or abuse, or both, of controlled substances without a doctor's prescription or in violation of the state controlled substances act.

❑ Incompetence, as adjudged by a court having jurisdiction.

❑ Failure to pay any fee or fine assessed by the Board.

❑ Failure to comply with any order of the Board.

❑ Use of the title(s) or term(s) interior designer, interior design, interior design consultant, interior design services, registered interior designer, registered interior design, registered interior design consultant or registered interior design services in any sign, card, listing, advertising, business or stationery without possessing a valid certificate of registration or in any other manner implies or indicates that he or she is an interior designer.

❑ Other. Please explain.

_____
_____

Violations will NOT be investigated without a valid signature and date by the individual filing the complaint. The name of the individual reporting a violation will not be released during the investigation process.

REPORTED BY: _____

ADDRESS: Number and Street_____

City _____County_____ State _____ Zip Code _____

TELEPHONE: Residence (___)_____ Business (___)_____ Fax (___)_____

Date: _____   **Signature:** _____